Understanding and Describing the Community

Community Profile

Developing a community profile is a good way to get to understand your community, particularly as it relates to assessing health needs. A community profile becomes a source of basic information about a community's demographic and socioeconomic characteristics as well as its health status and health risks. The profile provides background information that can be used by the SAC members and others to interpret other health data. Data found in the profile can be compared over time, or compared with data from other areas, and the results can be useful in identifying health issues that need focused attention.[1]

Writing up a detailed description of a community can be time consuming, but it gives one a comprehensive overview of the community as it is presently, and what potential there is for future change. It also will increase the potential for selecting an area for improvement that interests the targeted community and avoids duplication of existing efforts. As used here, "community" means any group sharing something in common, such as locale, experience, or interest. Whichever is the community of interest to the SAC, the SAC members will want to know well the feelings, attitudes and values of the people in the community. This is key to understanding the issues, determining needs and resources, and identifying potential partners and allies in a health improvement strategy.[2]

Generally, a community description includes information about the geography, demographics and history of the community. It includes as well, an overview of important issues, interviews with key individuals, and indicators of community health. Together these elements will help guide the SAC members as they start work to develop and implement health improvement strategies. A suggested health-oriented community description would include the following:

- **Sociodemographic Characteristics**
  1. Distribution of the population by age and race/ethnicity
  2. Number and proportion of persons in groups such as migrants, homeless, or the non-English speaking, for whom access to community services and resources may be a concern
  3. Number and proportion of persons aged 25 and older with less than a high school education
  4. Ratio of the number of students graduating from high school to the number of students who entered 9th grade three years previously
  5. Median household income
  6. Proportion of children less than 15 years of age living in families at or below the poverty level
  7. Unemployment rate
  8. Number and proportion of single-parent families
  9. Number and proportion of persons without health insurance

⬩ **Health Status**

1. Infant mortality rate by race/ethnicity
2. Numbers of deaths or age-adjusted death rates for motor vehicle crashes, work-related injuries, suicide, homicide, lung cancer, breast cancer, cardiovascular diseases, and all causes, by age, race, and gender, as appropriate
3. Reported incidence of AIDS, measles, tuberculosis, and primary and secondary syphilis, by age, race, and gender as appropriate
4. Births to adolescents (ages 10-17) as a proportion of total live births
5. Number and rate of confirmed abuse and neglect cases among children

⬩ **Health Risk Factors**

1. Proportion of 2-year old children who have received all age-appropriate vaccines, as recommended by the Advisory Committee on Immunization Practices
2. Proportion of adults aged 65 and older who have ever been immunized for pneumococcal pneumonia; proportion who have been immunized in the past 12 months for influenza
3. Proportion of the population who smoke, by age, race, and gender as appropriate
4. Proportion of the population aged 18 and older who are obese
5. Number and type of U.S. Environmental Protection Agency air quality standards not met
6. Proportion of assessed rivers, lakes and estuaries that support beneficial uses (e.g., fishing and swimming approved)

⬩ **Health Care Resource Consumption**

1. Per capita health care spending for Medicare beneficiaries (the Medicare adjusted average per capita cost [AAPCCC])

⬩ **Functional Status**

1. Proportion of adults reporting that their general health is good to excellent
2. During the past 30 days, average number of days for which adults report that their physical or mental health was not good

⬩ **Quality of Life**

1. Proportion of adults satisfied with the healthcare system in the community
2. Proportion of persons satisfied with the quality of life in the community

⬩ **Community Context**

1. Geographic boundaries of the community
2. Length of time the community has been in existence
3. General history of the community
4. Key people and leaders in the community
5. Expenses, income and in-kind support for the community's activities
6. Issues of most concern to the community

7. Morale and involvement levels
8. Key allies and rivals.[3]

It may be helpful to keep in mind that the actions people take cannot be well understood without taking into account the historical, social, and cultural context within which those actions are taking place. Likewise, information given in statistical reports or formal agency documents may not match how things really are or how they work from day to day for many people. While it will be important to gather as much statistical data as possible through existing data bases and reports or other documents, it will be equally important to supplement the numbers with interviews and input from key stakeholders in the community of interest. (***Community Description Worksheet*** in the "Tools" section may help in organizing data and interview results.)

Some of the key individuals and stakeholders groups that might be able to provide useful information for the SAC include:

Health care providers
Health care plans
Local (County) government
State health department
County health department (where existent)
Environment health organizations
Education agencies and institutions (e.g., school officials, PTA leaders, etc.)
Business and industry (e.g., realtors and other business people)
Community-based organizations (e.g., people who work with social service
agencies, leaders of local clubs and organizations, ministers, homeowners'
and tenants' associations)
Populations with special health risks
Disease or patient organizations
General public (e.g., the community's "squeaky wheels," those individuals who
are known for being very vocal about their dislikes and dissatisfactions)[4]

Questions for these key individuals and stakeholders might include the following:

- How would you define or describe your community?
- How long have you been a member of the community?
- How do you feel about the community, particularly its health care?
- What do you feel are some of this community's strengths?
- What are some ways in which improvements in the community could be made, particularly in health care?
- What makes you proud of your community?
- What can you tell us about the history of the community?
- What do you think lies in the future for this community, particularly for health care?[5]

Presenting hypothetical questions for the interviewee to respond to and allowing the interviewee to ask questions can be helpful techniques for discovering additional useful

information. Also, keep in mind that as the SAC members interview various community members, relationships are being formed with these individuals. These relationships may prove helpful later on when the SAC is looking for partners for its health improvement initiative.

Tools for this section: *Outline for Assessing Community Needs and Resources; Community Description Worksheet*

Local Assets/Strengths and Gaps

When looking closely at health issues in the community, the SAC members will need information about the needs of individuals and the organizations that serve them, as well as the resources available to address those needs. As used here, "needs" are defined as the gap between what a situation is and what it should be. Needs may be felt by an individual, a group, or an entire community. Needs may be concrete (e.g., the need for food) or abstract (e.g., a senior's desire to be valued for knowledge and experience). Resources, or "assets," are those things that can be used to improve the quality of life. Assets can be people, places, or organizations. Everyone in a community is an asset, and everyone has assets that can be used for improving the community.[6]

A well-founded identification of needs and resources will make it easier for the SAC to make decisions about priorities for health improvement initiatives that community members will notice and benefit from. Identifying assets and gaps can be done in a variety of ways, some of which include interviewing key people, holding community meetings or conducting focus (or listening) groups. Some of the individuals and groups the SAC consulted in developing the community profile may also be appropriate resources for this effort. A key factor, regardless of method, will be to listen to the insights of group members, community members, leaders, and others, and to consult with as large and diverse a group of informants as possible. Another important factor is proceeding with a planned approach, rather than something spur-of-the-moment and hit-or-miss.

Planning the Approach: Outlined below is a method for identifying local needs and resources, which may help the SAC members focus and manage the task within their available time and resources.[7]

Step 1: Brainstorm
Taking time to think broadly about what the SAC really wants from this process will help to focus the effort and increase the likelihood of useful results. Using the *H2P2* statewide and regional priorities and disease and condition chapters, along with data and information gathered in the development of the community profile can be helpful in narrowing the scope of inquiry. Key questions include:
- Which issues, questions and behaviors are of particular interest to the SAC, and why?

- What don't the SAC members know about these issues, questions, and behaviors? What questions need to be answered?
- What outside resources can the SAC tap to help its members understand the issues?

Step 2. Start with what you know.

Each SAC member probably knows of one or more health-related resources in the community. Each member also may be aware of some gaps in the health-related arena. Identifying what is known about the issue or issues at hand helps bring to light what is not known. The unknown will then form the basis of the questions the SAC members ask of their key informants. Key questions at this point include:

- What do we already know about the needs and available resources around health care in the community?
- Have other studies of this topic been done in our community? Can we rely on this other work to give us insight and answers?
- Are there a few selected experts in the community who can answer some of our questions before we finalize our questions? It may be that their input will narrow the remaining questions you need to ask other key informants.

Always be prepared for the possibility that SAC members or key informants may be wrong. Even experts can have strong but irrational opinions about health problems in the community. Studies may be outdated, and even conventional wisdom may be off the mark. It will be important at this time to be willing to think critically about what the SAC members think they know! (***Community Capacity Inventory*** in the "Tools" section may be helpful in identifying categories of resources.)

Step 3. Decide what you still need to know, and finalize the questions you will ask.

This is the time to review the questions generated in brainstorming sessions and in initial inquiries with others. The SAC members will want to make sure the questions clearly convey their interests. It can be helpful to enlist one or two influential people outside the SAC to recommend editing revisions. At the end of this review, the SAC should have a set of questions to ask designated community members. (***Questions to Ask While Capacity Mapping*** in the "Tools" section may be helpful in getting started.)

Step 4. Identify your target population.

It is quite likely that a wide range of people in the community can help answer the SAC's questions. SAC members will want to identify those who will provide the most useful information. After the target audiences have been identified, it will be helpful to review the questions once again to make sure they are appropriate for each group.

Step 5. Decide what methods you will use to collect information.
Here is where the SAC will need to decide how it will collect the desired information. Commonly used methods include listening sessions, public forums, needs assessments, and asset mapping. Each of these methods is discussed in more detail later in this section. The choice of method will be determined by in part by:
- The amount of time available
- The available resources (people and fiscal)
- The size and characteristics of the target audiences, and the SAC's relationship to those audiences.

Step 6. What is missing—what are the limitations of the planned approach?
Once the questions, audiences, and data collection methods have been identified, it will be helpful to review the overall plan for identifying local assets and gaps for any weaknesses or limitations in the approach. To the extent possible, the SAC can fix limitations, or generate supplemental ideas to compensate for the shortcomings. Evaluating the effort at this point and building upon the results will help to strengthen the approach.

Step 7. Determine whether you have the resources to conduct the study.
Although issue of available resources to accomplish this assets and gaps identification effort may well have been an underlying concern while the SAC members worked through the previous steps. Now is the time to focus on the cost—both people and financial—that it will take to complete the process. It may be that the scope of the planned effort is greater than can be supported by the resources are currently available to the SAC. While the SAC may have to scale back its efforts to match resources, it will have a plan in place that may enable it to take advantage of other resource opportunities that arise in the future.

Methods for Collecting Asset/Gap Information: While there are several common data collection methods for identifying assets/gaps, some may be more useful to the SACs than others, in terms of time and resource realities. These methods are described below. [8]

Listening Sessions. A listening session is a type of public forum that can generate information about the community's perspective on local issues and options. A listening session is generally fairly small, with specific questions asked of the participants. A listening session can help the SAC get a sense of what community members know and feel about an issue, as well as resources, barriers, and possible solutions. A listening session could be conducted within the parameters of the SAC's regular meeting time, or it could be conducted at a time that is supportive of greater participation. (*Questions for a Focus (or Listening) Group* and *Questions for Conducting Public Forums and Listening Sessions* in the "Tools" section may be helpful in developing questions.)

Public Forums. Public forums are often called "town meetings." They are well-publicized meetings, generally with facilitators leading a discussion of various aspects of the community's strengths and potential problems. A transcript of their ideas about the dimensions of the issue and what can be done to solve problems and preserve strengths provides a basis for subsequent planning. Public forums are open to everyone in the community. Conducting a public forum may require a greater commitment of time and effort by the SAC, but may be worthwhile if the SAC needs to gain a sense of where the community is and where it would like to go. (***Questions for Conducting Public Forums and Listening Sessions*** in the "Tools" section may be helpful in developing questions.)

Needs Assessments/Results from Other Assessment Initiatives. A needs assessment survey is a way of asking community members what their most important collective needs are. It can also serve as a preliminary analysis of the area. In many, if not all, cases, the SAC will not be conducting a needs assessment on its own. Rather, it will make extensive use of other surveys and written descriptions to gain a sense of the gaps.

Asset Mapping. This data collection method focuses on the strengths of the community rather than the areas that need improvement. These assets and strengths can be used to meet identified needs and improve community life. In a very real sense, everyone in a community is, or has the potential of being, a community asset. Identifying and mobilizing community assets enables community residents to gain control over their lives and shape their futures. Generally, improvement efforts are more effective and longer-lasting when community members dedicate their time and talents to changes they desire.

How the SAC goes about identifying community assets will depend on how it answers some start-up questions:
- What is the size of the community?
- What people are available to do the work?
- How much time is available and can be allowed for the task?
- How much money, if any, is available?
- What will be done with the results—file them, share them, use them for action (what kind of action)?

Two approaches to identifying community assets could be used: identifying assets of groups—associations, organizations, and institutions; and identifying assets of individuals. The two approaches complement each other, but the SAC may find it has sufficient resources to focus only on assets of groups, at least initially. (***Identifying Community Assets and Resources*** in the "Tools" section may be helpful in getting started on an inventory of assets of groups. ***Questions to ask while capacity mapping***

in the "Tools" section may be helpful in developing a consistent approach to information gathering.)

Once the SAC has completed its inventory of groups and group assets in the community, it can put the assets on a map. This will enable the SAC to visually see where resources are in relation to other elements of the community, and to look for patterns. Maps can be simple street maps marked with dots or pins, or computer-generated with overlays. Maps can also be non-literal maps that chart the linkages among categories of assets.

Whether the assets are mapped or not, the next and most important step is to make sure the identified assets get used. That is where the value and payoff of the identification process lies. One key way the SAC can do this is to begin the valuable role of bringing groups and organizations to the table and fostering new collaboration among resources to meet health improvement needs and change community health conditions.

Tools for this section: *Community Capacity Inventory, Questions to Ask While Capacity Mapping, Questions for a Focus (or Listening) Group, Questions for Conducting Public Forums and Listening Sessions*

Putting It All Together: A Working Community Description

Once the SAC members determine there is enough information collected to form a credible community description, the process of putting together the community profile and the inventory of assets/strengths and gaps to form the working description can be accomplished in a few steps.

1. Put together a draft of the initial description and analysis. This will draw upon the results of the profile development and asset and gap identification processes described above. The length can be from a few pages to a professionally bound document; it is up to the SAC to determine what will be most useful for its work.
2. Share the draft with some of the key members of the target community. Let them comment on the accuracy of the report, and make suggestions if the content needs to be adjusted.
3. Next, consider the results of the SAC's work so far, keeping in mind demographics, expenses and income, community attitudes and opinion, and current "hot" issues. Compare the current year's issues in the target community to those in the past years. Look for what has changed, and what has stayed the same.
4. After reflecting on the findings from the previous step, ask: What improvements can be made? What can be done to make the community stronger? What ideas or strategies have failed, and should be altered or perhaps abandoned?
5. Include the results of steps 3 and 4 in the draft. Again, get feedback from a few varied sources in the community before completing the final description and analysis.

6. Write, edit, and <u>then edit again</u>.

As one source put it, "Trying to improve the community without first understanding it is like trying to sell pocket protectors to ballet dancers!"[9] By following the steps presented in this chapter, the SAC should now have a tool that it can refer back to again and again as questions arise or new possibilities are considered. Regardless of whether the document is a few pages or an exhaustive dissertation, the SAC will have become more informed through the process, and more a part of its community.[10]

Tools for this section: See previous sections.

Notes

[1] Adapted from "A Community Health Improvement Process," in <u>Improving Health in the Community: A Role for Performance Monitoring</u>, JS Durch, LA Bailey, MA Stoto, eds., National Academy Press, Washington, D.C., 1997, p.91. Retrieved 7/2/2002 from the World Wide Web: http://www.nap.edu/readingroom/books/improving.

[2] Adapted from KU Work Group on Health Promotion and Community Development, (2000). Chapter 3, Section 2, "Understanding and Describing the Community." Lawrence, KS: University of Kansas. Retrieved 8/12/2002 from the World Wide Web: http://ctb.ukans.edu/tools/EN/sub_section_main_1020.htm.

[3] Adapted from "A Community Health Improvement Process," in <u>Improving Health in the Community: A Role for Performance Monitoring</u>, op. cit.; and Chapter 3, Section 2, "Understanding and Describing the Community," op. cit.

[4] Adapted from "A Community Health Improvement Process," in <u>Improving Health in the Community: A Role for Performance Monitoring</u>, op. cit., and "Chapter 3, Section 2, Understanding and Describing the Community," op. cit.

[5] Adapted from "Chapter 3, Section 2, Understanding and Describing the Community," op. cit.

[6] Definitions of "need" and "asset" adapted from KU Work Group on Health Promotion and Community Development, (2000). Chapter 3, Section 1, "Developing a Plan for Identifying Local Needs and Resources." Lawrence, KS: University of Kansas. Retrieved 8/12/2002 from the World Wide Web: http://ctb.ukans.edu/tools/EN/sub_section_main_1019.htm

[7] The seven steps in this process as presented in this section are adapted from Chapter 3, Section 1, "Developing a Plan for Identifying Local Needs and Resources," op. cit.

[8] The descriptions of these methods have been adapted from Chapter 3, Section 1, "Developing a Plan for Identifying Local Needs and Resources," op. cit.; KU Work Group on Health Promotion and Community Development, (2000). Chapter 3, Section 3, "Conducting Public Forums and Listening Sessions." Lawrence, KS: University of Kansas. Retrieved 8/12/2002 from the World Wide Web: http://ctb.ukans.edu/tools/EN/sub_section_main_1021.htm; KU Work Group on Health Promotion and Community Development, (2000). Chapter 3, Section 8, "Identifying Community Assets and Resources." Lawrence, KS: University of Kansas. Retrieved 9/18/2002 from the World Wide Web: http://ctb.ukans.edu/tools/EN/sub_section_main_1043.htm; and KU Work Group on Health Promotion and Community Development, (2000). Chapter 3, Section 8, "Conducting Focus Groups." Lawrence, KS: University of Kansas. Retrieved 9/24/2002 from the World Wide Web: http://ctb.ukans.edu/tools/EN/sub_section_main_1018.htm

[9] Chapter 3, Section 1, "Developing a Plan for Identifying Local Needs and Resources," op. cit.

[10] The steps and discussion in section adapted from "Chapter 3, Section 2, Understanding and Describing the Community," op. cit.

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Tools

Outline for Assessing Community Needs and Resources*

1. Describe the makeup and history of the community to provide a context within which to collect data on its current concerns.

   a. Comment on the types of information that best describes the community (e.g., demographic, historical, political, civic participation, key leaders, past concerns, geographic, assets).

   b. Describe the sources (e.g., city hall, maps, phone book, library, newspaper) of information.

   c. Comment on whether there are sufficient resources (e.g., time, personnel, and resources) available to collect this information.

   d. Comment on the methods (e.g., key leader interviews, observation, ethnography, windshield tour) used to collect the descriptive information.

   e. Assess the quality of the information.

   f. Describe the strengths and problems you heard about.

2. Describe what matters to local people.

   a. Discuss how you arranged to listen to community leaders and members.

   b. Describe who you listened to and why.

   c. Discuss the methods (e.g., listening sessions, public forums, interviews, concerns surveys, focus groups, ethnography, and interviews) you used to listen to the community.

   d. Illustrate the issues of concern to people in the community.
      * Explain how important these issues are to citizens.
      * Express how satisfied citizens are with community efforts on the issues.
      * List priorities based on issues of high importance and low satisfaction.

   e. Describe barriers or resistance to solving the problem. Describe the resources available to problem solving efforts.

   g. Tell of possible solutions and alternatives suggested by the community.

3. Describe the needs identified by community stakeholders (optional).

   a. Indicate the target populations and subgroups.

   b. Specify who the stakeholders are.

Outline for Assessing Community Needs and Resources* (Continued)

   c. Describe what they wanted to know.
      * List the questions you asked.

   d. Describe the methods (e.g., surveys, interviews, secondary information, small group discussion) you used to gather information.
      * If you used a survey, describe the sampling method.

   e. Describe the limitations of the needs assessment.

4. Compile and describe the evidence suggesting that identified issues should be a priority.

   a. Describe the community level indicators -- those incidence or prevalence levels of behavior or events that relate to the issues of concern (e.g. if joblessness is an issue in the community, you may want to collect information on the unemployment rate and the rate of job creation in the community).

   b. Explain how frequently it occurs.

   c. Illustrate how many people are affected by it and in what severity.

   d. Discuss how feasible attempting to solve it is.

   e. Explain the possible impact and/or consequences of solving it.

5. Describe the resources available in or to the community that help address this issue.

   a. Indicate what and where the resources are. Express how we identify and tap into those attributes that could help facilitate the process.

   b. Indicate who the community leaders are. Describe the individuals and organizations that influence the community.

   c. Describe how the networks are organized. Explain how you can build on already existing networks and effectively foster new ones.

   d. Depict the community projects currently in progress. Analyze and discuss what this tells us about where the community is invested and how they might be involved in the future.

* Adapted from Community Tool Box, http://ctb.ukans.edu/.

Community Description Worksheet[*]

This section consists of a worksheet for tools *that you may* find helpful in preparing your community description. Use the information gathered in your interviews and other background work to fill out the following questionnaire. Remember -- the description you write is for you to use, so don't hesitate to adapt or alter these questions to more aptly fit your community. This worksheet is adapted from the work of David Scheie.

General Information:

1. Name of the organization/community: _____

2. Date this form was completed: _____

3. What are the geographical boundaries for this community? _____

_____

4. Approximate size, in numbers, of this community's population: _____

5. Who is actively involved in this community or organization?

       a. People who regularly attend meetings/events: _____

       b. People you consider to be "members": _____

       c. How do you define a "member"? _____

       _____

       d. People you consider to be "leaders": _____

       e. How do you define a "leader"? _____

       _____

       _____

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[*] Adapted from Community Tool Box, http://ctb.ukans.edu/. Adaptations are in *italics*.

(Community Description Worksheet Continued)

Demographic Information:

Fill out blanks using approximate percentages:

.	Residents	Group Members	Group Leaders
African-American			
Caucasian			
Chinese			
Filipino			
Hawaiian/Part-Hawaiian			
Hispanic/Latino/Latina			
Japanese			
Native American			
Other			
Male			
Female			
Low Income			
Moderate Income			
Upper Income			

(Community Description Worksheet Continued**)**

Issues, Goals, and Strategies:

Describe the three most major areas of concern for this organization in the coming year. For each issue, list the primary goal and the strategy that is being used or will be used to approach it.

1. Issue: _____

Primary goal: _____

Strategy: _____

2. Issue: _____

Primary goal: _____

Strategy: _____

3. Issue: _____

Primary goal: _____

Strategy: _____

Community capacity inventory[*]

This is a preliminary inventory of community capacities, organized by sector. List the name, address, and phone number of a contact person who can give you more information on whom and what you find.

Grass roots or citizens' associations

- all local neighborhood organizations
- community centers
- seniors' groups
- local officials, politicians, and leaders

Institutions

- local public schools, universities, and community colleges
- public hospitals or clinics
- any publicly funded or private educational institution
- state or federal agencies
- municipal libraries
- police officers and other emergency personnel
- parks and municipal pools or golf courses

Community-based organizations

- housing organizations
- food kitchens and emergency housing shelters
- halfway houses, substance abuse homes, domestic violence shelters
- churches
- clinics and counseling centers
- advocacy groups for environment, safety, drug abuse reduction, et cetera

Private sector

- banks
- chamber of commerce
- businessmen's/businesswomen's associations
- local businesses

Labeled populations

- senior citizens
- local musicians
- local artists   (Continued Next Page)

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[*] Community Tool Box, http://ctb.ukans.edu/.

Community capacity inventory (Continued)

Labeled populations

- immigrant populations
- those receiving public assistance, food stamps, Medicaid or Medicare
- youth
- college students

Questions to ask while capacity mapping[*]

Conducting interviews during community capacity mapping will help you collect information about the different associations, organizations, and relationships that exist in the community. Below are sample questions you can use to find out more about community assets.

Name:

Occupation:

Address:

Telephone Number:

Name of Organization:

Description:

Resources:

1. How many people are part of your organization?

- Staff
- Volunteers
- Members or contributors
- Board members
- Clients

2. How often do your members gather? Do you gather outside of regular meetings?

3. What kind of funding does your organization have? Where else do you get support?

4. Where does your organization meet? What other spaces does your organization have access to?

5. What kind of equipment does your organization have access to?

- Office?
- Computer?
- Audio-visual or video?
- Computers?
- Mechanical?
- Other? (Continued Next Page)

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[*] Community Tool Box, http://ctb.ukans.edu/.

Questions to ask while capacity mapping (Continued)

6. What kind of written media materials/newsletters does your organization have?

7. How does your organization keep its members up to date on activities and staff changes?

8. Which of your organization's resources would you be willing to make accessible to other community members?

9. What kinds of services does your organization provide to the community? How do you make these services known to the public? What kinds of projects is your organization involved in now? What has your organization accomplished thus far?

10. How many of your staff members live in the community served by your organization?

11. Where do you purchase your supplies and equipment, go for repair services, etc.?

12. What are your organization's most valuable resources and strongest assets?

13. What other organizations do you work with, personally? What other organizations does your group sponsor events with? Share information with? Share resources or equipment with?

14. Who else does work or provides similar services to the community as those provided by your organization?

15. Does your group belong to any other associations? What kinds of special events does your organization take part in?

16. What kind of associations or relationship does your organization have with local businesses and banks?

17. What other groups or sub-populations does your organization support or advocate for?

18. What kind of new projects would your organization be interested in taking on, directly related to your mission? Indirectly or outside of your mission?

19. What other projects or movements are you involved in that serve youth, the elderly, people with disabilities, the fine arts community, people receiving public assistance, immigrant or minority populations?

20. How feasible is it for your organization to get involved in more projects, more community development/health promotion efforts?

21. What kind of changes would you like to see in the community in the next five years? How would you effect these changes?

Questions for a Focus (or Listening) Group[*]

Below are some examples of general questions. These apply largely to groups discussing a current program or service, but they can be adjusted for planned (vs. current) programs, as well as for groups dealing with other concerns. The precise language and order of presentation will depend on your topic and group, but some of these questions may be adapted to your own needs.

- "What are some of your thoughts about what's going on now?"

- "Would you say you are satisfied with the current situation, with the way things are going on?"

- (If so) "What are you satisfied about? Why is that?" (*Or, "What's going well...?"*)

- "Are there things you are dissatisfied about, that you would like to see changed?" (*Or, "What's not going well...?"*)

- (If so) "What are they? Why is that? How should they change? What kinds of things would you like to see happen?"

- "How about this particular aspect (of the topic). What do you think about that?"

- *Repeat for different aspects of the topic, with variations in style. For example, if the main focus group topic was "community policing," some key aspects to cover might be visibility, sensitivity, interaction, respect, etc.*

- "Some people have said that one way to improve X is to do is to do Y.

- Do you agree with this?' (*Or, "How do you feel about that?"*)

- "Are there other recommendations that you have, or suggestions you would like to make?"

- "Are there other things you would like to say before we wind up?"

- Some "probes, or follow-ups, designed to get more information on a given question:
  - "Can you say more about that?"
  - "Can you give an example?"
  - "Jane says X. How about some others of you. What do you think?"
  - "How about you, Joe. [Or, "you folks in the corner over there...."] Do you have some thoughts on this?"
  - "Does anyone else have some thoughts on that?"

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[*]Adapted from Community Tool Box, http://ctb.ukans.edu/.

Questions for Conducting Public Forums and Listening Sessions[*]

Issues and Concerns

_____ What are the problems?

_____ What are the consequences?

_____ Who is affected?

_____ How are they affected?

_____ Are there related issues of concern?

_____ Are these issues of widespread concern?

Barriers

_____ Who or what might oppose efforts to prevent or solve the problem?

_____ Can they be involved effectively?

_____ What are the other limits on effective prevention/treatment?

_____ How can the barriers and resistance be overcome?

Resources for Change

_____ What resources are needed?

_____ What local people or groups could contribute?

_____ What monies and materials are needed?

_____ Where might they be obtained?

Alternatives and Solutions

_____ What are alternatives for addressing the problem, given the anticipated barriers?

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